

| REPORTS INVENTORY | | | | | | CONTROL NO. | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|------------------------------------------|---------------------------------------------------------|--|--------------------------------------|--|-----------|--|---------|--|
| PREPARE IN DUPLICATE | | | | | | DDS/OL/RECD-20 | | | | | | | | | |
| 1. TITLE OF REPORT (if a fill-in report include Form No.) Water Pollution Control | | | | | | 2. TYPE OF REPORT | | | | | | | | | |
| 3. FUNCTIONAL AREA | | | | | | STATISTICAL | | | | | | | | | |
| | | | | | | <input checked="" type="checkbox"/> NARRATIVE | | | | | | | | | |
| | | | | | | MACHINE-NAME LISTING | | | | | | | | | |
| 4. NO. OF COPIES PREPARED 7 | | 5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual | | 6. DISTRIBUTION (No. of components not number of copies) 2 | | 7. OTHER (specify) CIA | | | | | | | | | |
| 7. FORMAT (memorandum, form computer print-out, etc.) Letter | | 8. ADP PROCESSING | | 9. DIRECTIVE AUTHORITY REQUIRING REPORT | | | | | | | | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">YES</td> <td style="width:50%;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table> | | YES | IF YES GIVE ADP PROCESSING NO. | <input checked="" type="checkbox"/> | | Bureau of the Budget Circular No. A-18 dtd 18 May 70 | | | | | | | |
| YES | IF YES GIVE ADP PROCESSING NO. | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| 10. PREPARING COMPONENT (include lowest level contributing information to report) RECD & Field Engineering Branch | | | | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Construction Reports | | | | | | | | | | | |
| 12. COST FACTORS | | | | | | | | | | | | | | | |
| A. MANUAL PREPARATION AND REVIEW COSTS | | | | | | | | | | | | | | | |
| GRADE | HOURLY RATE | X | HOURS PER REPORT | = | COST PER REPORT | X | TIMES PREPARED = COST PER YEAR | | | | | | | | |
| GS-13.1 | 8.06 | | 4 | | 32.24 | | 1 = 32.24 | | | | | | | | |
| B. COSTS OF COMPUTER PRODUCED REPORTS | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| TOTAL COSTS PER YEAR | | | | | | 32.24 | | | | | | | | | |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Bureau of the Budget Requirement. | | | | | | | | | | | | | | | |
| 14. FUTURE GOALS | | | | | | | | | | | | | | | |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT | | | | | | ESTIMATED SAVINGS | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> RETAIN AS IS</td> <td><input type="checkbox"/> OTHER (explain)</td> </tr> <tr> <td><input type="checkbox"/> CHANGE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DISCONTINUE</td> <td></td> </tr> </table> | | | | | | <input checked="" type="checkbox"/> RETAIN AS IS | <input type="checkbox"/> OTHER (explain) | <input type="checkbox"/> CHANGE | | <input type="checkbox"/> DISCONTINUE | | MAN-HOURS | | DOLLARS | |
| | | | | | | <input checked="" type="checkbox"/> RETAIN AS IS | <input type="checkbox"/> OTHER (explain) | | | | | | | | |
| | | | | | | <input type="checkbox"/> CHANGE | | | | | | | | | |
| <input type="checkbox"/> DISCONTINUE | | | | | | | | | | | | | | | |
| 16. DATE OF INVENTORY 9 October 1970 | | 18. EXTENSION | | | | | | | | | | | | | |
| Executive Officer, Real Estate and Construction Division, OL | | | | | | | | | | | | | | | |